Attorney Docket No.: 16869B-083100US Client Reference No.: HAL-218/CIP

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: OPTICAL VIRTUAL LOCAL AREA NETWORK the specification of which X is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status
10/247,007	10/18/2002	Pending

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Steve Y. Cho, Reg. No. 44,612 Robert C. Colwell, Reg. No. 27,431

Send Correspon	ndence to:	_	Direct Telepho	one Calls to:		
Steve Y. Cho			(Name, Reg. No.,	Telephone No.	)	
TOWNSEND and TOWNSEND and CREW LLP			Name: Steve Y. Cho			
	dero Center, 8th Floor		Reg. No.:	44,612		
	California 94111-3834		Telephone:	650-326-	2400	
Full Name of	Last Name:	First N	First Name:		Middle Name or Initial:	
Inventor 1:	IKEDA	HIR	ÖKI			
Residence &	City:	State/Foreign Country:			Country of Citizenship:	
Citizenship:	Tokyo Japan		h		Japan	
Post Office	Post Office Address:	City:			Smre/Country:	Postal Code
Address: Sunagawa-cho, 6-16-2, #105 To		Toky	o		Japan	190-0031
_	Tachikawa-shi	1 .				

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1

Hiroki Ikeda

Date

\$\tilde{0}6/24/2003\$